

**EAST RENFREWSHIRE GOLF CLUB'S CONSENT FORM
JUNIOR WEEK**



East Renfrewshire Golf Club values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst participating in golf.

To help us fulfil our joint responsibilities for keeping children safe, the Club has introduced Good Practice Guidelines. These Guidelines tell you what you can expect from us when your child/children participate in golf and details the information we require from you to help us keep your child safe.

We require you to complete this form and to let us know as soon as possible if any of the information changes. All information will be treated with sensitivity and will only be shared on a need to know basis.

**PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN – admin@eastrengolfclub.co.uk
(ELECTRONIC COPY/PHOTO IS ACCEPTABLE)**

FULL NAME		DOB	
ADDRESS		RELATIONSHIP TO CHILD/CHILDREN	
		HANDICAP (IF APPROPRIATE)	
		GOLF CLUB	
NAME OF PARENT/GUARDIAN			
HOME TEL NUMBER		MOBILE TEL	
EMERGENCY CONTACT NAME		GP NAME/PRACTICE	
GP PRACTICE ADDRESS		GP PRACTICE TEL	

ITEM	PLEASE TICK YES OR NO BOX AS APPROPRIATE	CONSENT	
		YES	NO
PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)	Your child/children may be photographed or filmed when participating in golf in Scotland. All reasonable steps will be taken to obtain parental consent. In the absence of any explicit objection, those responsible will act in the best interests of the child/children which may include assuming parental agreement. I give my permission for my child/children to be involved in photographing/filming and for information about my child/children to be used for the purposes of promotion, Performance Analysis, Reporting etc.	<input type="checkbox"/>	<input type="checkbox"/>
SAFE IN CARE GUIDELINES	I am aware of the Safe in Care Guidelines for golf and agree to work in partnership with East Renfrewshire Golf Club and Scottish Golf to promote my child's/children's safe participation. I understand The East Renfrewshire Golf Club and Scottish Golf will listen to the views of my child/children in relation to all matters affecting them and respect my child's/children's ability to give their own informed consent.	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATIONS	Contact will always be made on the phone number the parent has provided on the child's/children's behalf. The club will communicate directly with the parent regarding the communications section in the club's Child Safeguarding and Protection Policy.	<input type="checkbox"/>	<input type="checkbox"/>
FUTURE COMMUNICATIONS	Please advise if you wish/do not wish to receive future communications from East Renfrewshire Golf Club regarding up-coming events for the Junior section.	<input type="checkbox"/>	<input type="checkbox"/>
CODE OF CONDUCT Parent/Guardian	I agree to the code of conduct which is set out by East Renfrewshire Golf Club and Scottish Golf for their activity. I understand the procedures and the outcomes involved and I agree that these procedures should be carried out.	<input type="checkbox"/>	<input type="checkbox"/>
CODE OF CONDUCT Parent/Guardian on behalf of the child /children	I agree to explain the rules set out by East Renfrewshire Golf Club and Scottish Golf for my child's/children's activity and make them aware that any breach of this code may incur action taken.	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL INFORMATION	PLEASE COMPLETE BELOW AS APPROPRIATE:	YES	NO
ANY PRE-EXISTING MEDICAL CONDITIONS		<input type="checkbox"/>	<input type="checkbox"/>
ANY MEDICATION OR TREATMENT REQUIRED		<input type="checkbox"/>	<input type="checkbox"/>
ANY EXISTING INJURIES		<input type="checkbox"/>	<input type="checkbox"/>
ALLERGIES INCLUDING ALLERGIES TO MEDICATION		<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL CONSENT	I consent to my child/children receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary. I undertake to inform East Renfrewshire Golf Club, or any other relevant parties, should any of the information contained in this form change.	<input type="checkbox"/>	<input type="checkbox"/>
PARENT/GUARDIAN SIGNATURE			

YOUR ROLE IN KEEPING YOUR CHILD SAFE REQUIRES YOU TO BE FAMILIAR WITH THE CODES OF CONDUCT, TO ENSURE THAT YOUR CHILD/CHILDREN FULLY UNDERSTAND(S) THESE AND RETURN SIGNED AND DATED WITH THE CONSENT FORM.